

RECEIVED
CENTRAL FAX CENTER

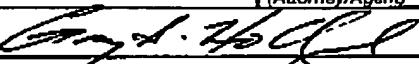
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/051,952
		Filing Date	1/17/2002
		First Named Inventor	Walker
		Group Art Unit	1653
		Examiner Name	Kam, C.M.
Total Number of Pages in This Submission	13	Attorney Docket Number	D2933-CIP

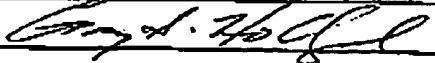
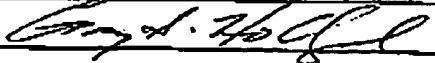
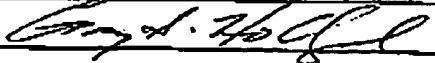
ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below)
	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Stout, Uxa, Buyan & Mullins, LLP		
Signature	/Greg S. Hollrigel, Reg. # 45374/		
Printed Name	Greg S. Hollrigel		
Date	March 28, 2005	Reg. No.	45,374

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO at fax number 703-872-9306, or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature	/Greg S. Hollrigel, Reg. # 45374/		
Typed or printed name	Greg S. Hollrigel	Date	March 28, 2005

The information contained in this facsimile message is privileged and confidential information intended for the use of the individual or entity named above. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this fax in error, please immediately notify us by telephone and return the original message to us at the above address via the U.S. Postal Service.

FEE TRANSMITTAL for FY 2005 <small>Patent fees are subject to annual revision.</small>		Complete if Known					
		Application Number	10/051,952				
		Filing Date	1/17/2002				
		First Named Inventor	Walker				
		Examiner Name	Kam, C.M.				
<input type="checkbox"/> Application claims small entity status. See 37 CFR 1.27		Art Unit	1653				
TOTAL AMOUNT OF PAYMENT (\$)		120 Attorney Docket No. D-2933CIP					
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number 01-0885 Deposit Account Name Greg S. Hollrigel							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee				
<input checked="" type="checkbox"/> Charge any additional fee(s) associated with this communication			<input checked="" type="checkbox"/> Credit any overpayment(s)				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
					Subtotal (1)	0	
2. EXCESS CLAIM FEES							
Fee Description						Small Entity Fee (\$)	
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent						50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent						200	100
Multiple Dependent Claims						360	180
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
13	-20 or HP = 0	x		Fee (\$)			Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20							
Independent Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)			Fee Paid (\$)
3	-3 or HP = 0	x		Fee (\$)			Fee Paid (\$)
HP = highest number of independent claims paid for, if greater than 3							
					Subtotal (2)	0	
3. APPLICATION SIZE FEE						Subtotal (2)	0
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.18(s).						Fee (\$)	Fee Paid (\$)
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof			Fee (\$)	Fee Paid (\$)	
-100 =	/50 =	(round up to a whole number)			x	Subtotal (3)	0
						Fee (\$)	Fee Paid (\$)
4. OTHER FEE(S)						Subtotal (3)	0
<input type="checkbox"/> Surcharge - Late filing fee or oath/declaration: \$130 fee (\$65 small entity discount) <input type="checkbox"/> Non-English Specification: \$130 fee (no small entity discount) <input checked="" type="checkbox"/> 1-month extension of time: \$120 fee (\$60 small entity discount) <input type="checkbox"/> 2-month extension of time: \$450 fee (\$225 small entity discount) <input type="checkbox"/> 3-month extension of time: \$1020 fee (\$510 small entity discount) <input type="checkbox"/> 4-month extension of time: \$1580 fee (\$795 small entity discount) <input type="checkbox"/> 5-month extension of time: \$2160 fee (\$1080 small entity discount) <input type="checkbox"/> Information Disclosure Statement Fee: \$180 fee (no small entity discount) <input type="checkbox"/> Notice of Appeal: \$500 fee (\$250 small entity discount) <input type="checkbox"/> Filing a Brief in Support of Appeal: \$500 fee (\$250 small entity discount) <input type="checkbox"/> Request for Oral Hearing: \$1000 fee (\$500 small entity discount) <input type="checkbox"/> Utility Issue Fee: \$1400 fee (\$700 small entity discount) <input type="checkbox"/> Recording each patent assignment per property (times number of properties): \$40 fee (no small entity fee discount) <input type="checkbox"/> Request for Continued Examination: \$780 fee (\$395 small entity discount) <input type="checkbox"/> Other: _____						Fee (\$)	Fee Paid (\$)
						Subtotal (4)	120
SUBMITTED BY							
Name (Print/Type)	Greg S. Hollrigel	Registration No. (Attorney/Agent)	45,374	Telephone	949-450-1750		
Signature				Date	3/28/2005		

FEE TRANSMITTAL for FY 2005		Complete if Known																																																																																							
<small>Patent fees are subject to annual revision.</small> <input type="checkbox"/> Application claims small entity status. See 37 CFR 1.27		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/051,952</td> </tr> <tr> <td>Filing Date</td> <td>1/17/2002</td> </tr> <tr> <td>First Named Inventor</td> <td>Walker</td> </tr> <tr> <td>Examiner Name</td> <td>Kam, C.M.</td> </tr> <tr> <td>Art Unit</td> <td>1653</td> </tr> <tr> <td>Attorney Docket No.</td> <td>D-2933CIP</td> </tr> </table>				Application Number	10/051,952	Filing Date	1/17/2002	First Named Inventor	Walker	Examiner Name	Kam, C.M.	Art Unit	1653	Attorney Docket No.	D-2933CIP																																																																								
Application Number	10/051,952																																																																																								
Filing Date	1/17/2002																																																																																								
First Named Inventor	Walker																																																																																								
Examiner Name	Kam, C.M.																																																																																								
Art Unit	1653																																																																																								
Attorney Docket No.	D-2933CIP																																																																																								
TOTAL AMOUNT OF PAYMENT <input type="text" value="(\$ 120)"/>																																																																																									
METHOD OF PAYMENT (check all that apply)																																																																																									
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____																																																																																									
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number <input type="text" value="01-0885"/> Deposit Account Name <input type="text" value="Greg S. Holtrige"/>																																																																																									
<small>For the above-identified deposit account, the Director is hereby authorized to: (check off that apply)</small>																																																																																									
<input checked="" type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee																																																																																						
<input checked="" type="checkbox"/> Charge any additional fee(s) associated with this communication			<input checked="" type="checkbox"/> Credit any overpayments																																																																																						
<small>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</small>																																																																																									
FEES CALCULATION																																																																																									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 20%;">Application Type</th> <th colspan="2" style="text-align: center;">FILING FEES</th> <th colspan="2" style="text-align: center;">SEARCH FEES</th> <th colspan="2" style="text-align: center;">EXAMINATION FEES</th> </tr> <tr> <th style="text-align: center;">Small Entity</th> <th style="text-align: center;">Fee (\$)</th> <th style="text-align: center;">Small Entity</th> <th style="text-align: center;">Fee (\$)</th> <th style="text-align: center;">Small Entity</th> <th style="text-align: center;">Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td style="text-align: center;">300</td> <td style="text-align: center;">150</td> <td style="text-align: center;">500</td> <td style="text-align: center;">250</td> <td style="text-align: center;">200</td> <td style="text-align: center;">100</td> </tr> <tr> <td>Design</td> <td style="text-align: center;">200</td> <td style="text-align: center;">100</td> <td style="text-align: center;">100</td> <td style="text-align: center;">50</td> <td style="text-align: center;">130</td> <td style="text-align: center;">65</td> </tr> <tr> <td>Plant</td> <td style="text-align: center;">200</td> <td style="text-align: center;">100</td> <td style="text-align: center;">300</td> <td style="text-align: center;">150</td> <td style="text-align: center;">160</td> <td style="text-align: center;">80</td> </tr> <tr> <td>Reissue</td> <td style="text-align: center;">300</td> <td style="text-align: center;">150</td> <td style="text-align: center;">600</td> <td style="text-align: center;">250</td> <td style="text-align: center;">600</td> <td style="text-align: center;">300</td> </tr> <tr> <td>Provisional</td> <td style="text-align: center;">200</td> <td style="text-align: center;">100</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> </tbody> </table>						Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Utility	300	150	500	250	200	100	Design	200	100	100	50	130	65	Plant	200	100	300	150	160	80	Reissue	300	150	600	250	600	300	Provisional	200	100	0	0	0	0																																				
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES																																																																																				
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)																																																																																			
Utility	300	150	500	250	200	100																																																																																			
Design	200	100	100	50	130	65																																																																																			
Plant	200	100	300	150	160	80																																																																																			
Reissue	300	150	600	250	600	300																																																																																			
Provisional	200	100	0	0	0	0																																																																																			
Subtotal (1) <input type="text" value="0"/>																																																																																									
2. EXCESS CLAIM FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 20%;">Fee Description</th> <th colspan="2" style="text-align: center;">Small Entity</th> </tr> <tr> <th style="text-align: center;">Fee (\$)</th> <th style="text-align: center;">Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent</td> <td style="text-align: center;">50</td> <td style="text-align: center;">25</td> </tr> <tr> <td>Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent</td> <td style="text-align: center;">200</td> <td style="text-align: center;">100</td> </tr> <tr> <td>Multiple Dependent Claims</td> <td style="text-align: center;">360</td> <td style="text-align: center;">180</td> </tr> </tbody> </table>						Fee Description	Small Entity		Fee (\$)	Fee (\$)	Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25	Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100	Multiple Dependent Claims	360	180																																																																						
Fee Description	Small Entity																																																																																								
	Fee (\$)	Fee (\$)																																																																																							
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25																																																																																							
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100																																																																																							
Multiple Dependent Claims	360	180																																																																																							
Subtotal (2) <input type="text" value="0"/>																																																																																									
3. APPLICATION SIZE FEE <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 20%;">Total Claims</th> <th colspan="2" style="text-align: center;">Extra Claims</th> <th colspan="2" style="text-align: center;">Fee (\$)</th> <th colspan="2" style="text-align: center;">Fee Paid (\$)</th> </tr> <tr> <th style="text-align: center;">Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>13 - 20 or HP =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x</td> <td colspan="4"></td> </tr> <tr> <td>HP = highest number of total claims paid for, if greater than 20</td> <td colspan="4"></td> <td colspan="2"></td> </tr> <tr> <td>Indep. Claims</td> <td style="text-align: center;">Extra Claims</td> <td style="text-align: center;">Fee (\$)</td> <td style="text-align: center;">Fee Paid (\$)</td> <td colspan="3"></td> </tr> <tr> <td>3 - 3 or HP =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x</td> <td colspan="4"></td> </tr> <tr> <td>HP = Highest number of independent claims paid for, if greater than 3</td> <td colspan="4"></td> <td colspan="2"></td> </tr> </tbody> </table>						Total Claims	Extra Claims		Fee (\$)		Fee Paid (\$)		Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	13 - 20 or HP =	0	x					HP = highest number of total claims paid for, if greater than 20							Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				3 - 3 or HP =	0	x					HP = Highest number of independent claims paid for, if greater than 3																																										
Total Claims	Extra Claims		Fee (\$)		Fee Paid (\$)																																																																																				
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)																																																																																			
13 - 20 or HP =	0	x																																																																																							
HP = highest number of total claims paid for, if greater than 20																																																																																									
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)																																																																																						
3 - 3 or HP =	0	x																																																																																							
HP = Highest number of independent claims paid for, if greater than 3																																																																																									
Subtotal (3) <input type="text" value="0"/>																																																																																									
4. OTHER FEE(S) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 20%;">Fee Paid (\$)</th> <th colspan="2" style="text-align: center;">Fee (\$)</th> <th colspan="2" style="text-align: center;">Fee Paid (\$)</th> </tr> <tr> <th style="text-align: center;">Fee (\$)</th> <th style="text-align: center;">Fee (\$)</th> <th style="text-align: center;">Fee (\$)</th> <th style="text-align: center;">Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Surcharge - Late filing fee or oath/declaration: \$130 fee (\$65 small entity discount)</td> <td colspan="4"></td> </tr> <tr> <td>Non-English Specification: \$130 fee (no small entity discount)</td> <td colspan="4"></td> </tr> <tr> <td><input checked="" type="checkbox"/> 1-month extension of time: \$120 fee (\$80 small entity discount)</td> <td colspan="4"></td> </tr> <tr> <td><input type="checkbox"/> 2-month extension of time: \$250 fee (\$225 small entity discount)</td> <td colspan="4"></td> </tr> <tr> <td><input type="checkbox"/> 3-month extension of time: \$1020 fee (\$510 small entity discount)</td> <td colspan="4"></td> </tr> <tr> <td><input type="checkbox"/> 4-month extension of time: \$1590 fee (\$795 small entity discount)</td> <td colspan="4"></td> </tr> <tr> <td><input type="checkbox"/> 5-month extension of time: \$2160 fee (\$1080 small entity discount)</td> <td colspan="4"></td> </tr> <tr> <td>Information Disclosure Statement Fee: \$180 fee (no small entity discount)</td> <td colspan="4"></td> </tr> <tr> <td>Notice of Appeal: \$500 fee (\$250 small entity discount)</td> <td colspan="4"></td> </tr> <tr> <td>Filing a Brief in Support of Appeal: \$500 fee (\$250 small entity discount)</td> <td colspan="4"></td> </tr> <tr> <td>Request for Oral Hearing: \$1000 fee (\$500 small entity discount)</td> <td colspan="4"></td> </tr> <tr> <td>Utility Issue Fee: \$1400 fee (\$700 small entity discount)</td> <td colspan="4"></td> </tr> <tr> <td>Recording each patent assignment per property (times number of properties): \$40 fee (no small entity fee discount)</td> <td colspan="4"></td> </tr> <tr> <td>Request for Continued Examination: \$790 fee (\$395 small entity discount)</td> <td colspan="4"></td> </tr> <tr> <td>Other: _____</td> <td colspan="4"></td> </tr> </tbody> </table>						Fee Paid (\$)	Fee (\$)		Fee Paid (\$)		Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Surcharge - Late filing fee or oath/declaration: \$130 fee (\$65 small entity discount)					Non-English Specification: \$130 fee (no small entity discount)					<input checked="" type="checkbox"/> 1-month extension of time: \$120 fee (\$80 small entity discount)					<input type="checkbox"/> 2-month extension of time: \$250 fee (\$225 small entity discount)					<input type="checkbox"/> 3-month extension of time: \$1020 fee (\$510 small entity discount)					<input type="checkbox"/> 4-month extension of time: \$1590 fee (\$795 small entity discount)					<input type="checkbox"/> 5-month extension of time: \$2160 fee (\$1080 small entity discount)					Information Disclosure Statement Fee: \$180 fee (no small entity discount)					Notice of Appeal: \$500 fee (\$250 small entity discount)					Filing a Brief in Support of Appeal: \$500 fee (\$250 small entity discount)					Request for Oral Hearing: \$1000 fee (\$500 small entity discount)					Utility Issue Fee: \$1400 fee (\$700 small entity discount)					Recording each patent assignment per property (times number of properties): \$40 fee (no small entity fee discount)					Request for Continued Examination: \$790 fee (\$395 small entity discount)					Other: _____				
Fee Paid (\$)	Fee (\$)		Fee Paid (\$)																																																																																						
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)																																																																																					
Surcharge - Late filing fee or oath/declaration: \$130 fee (\$65 small entity discount)																																																																																									
Non-English Specification: \$130 fee (no small entity discount)																																																																																									
<input checked="" type="checkbox"/> 1-month extension of time: \$120 fee (\$80 small entity discount)																																																																																									
<input type="checkbox"/> 2-month extension of time: \$250 fee (\$225 small entity discount)																																																																																									
<input type="checkbox"/> 3-month extension of time: \$1020 fee (\$510 small entity discount)																																																																																									
<input type="checkbox"/> 4-month extension of time: \$1590 fee (\$795 small entity discount)																																																																																									
<input type="checkbox"/> 5-month extension of time: \$2160 fee (\$1080 small entity discount)																																																																																									
Information Disclosure Statement Fee: \$180 fee (no small entity discount)																																																																																									
Notice of Appeal: \$500 fee (\$250 small entity discount)																																																																																									
Filing a Brief in Support of Appeal: \$500 fee (\$250 small entity discount)																																																																																									
Request for Oral Hearing: \$1000 fee (\$500 small entity discount)																																																																																									
Utility Issue Fee: \$1400 fee (\$700 small entity discount)																																																																																									
Recording each patent assignment per property (times number of properties): \$40 fee (no small entity fee discount)																																																																																									
Request for Continued Examination: \$790 fee (\$395 small entity discount)																																																																																									
Other: _____																																																																																									
Subtotal (4) <input type="text" value="120"/>																																																																																									
SUBMITTED BY <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Name (Print/Type)</td> <td>Greg S. Holtrige</td> <td style="width: 20%;">Registration No. (Attorney/Agent)</td> <td>45,374</td> <td style="width: 20%;">Telephone</td> <td>949-450-1750</td> </tr> <tr> <td>Signature</td> <td colspan="2"></td> <td>Date</td> <td colspan="2">3/28/2005</td> </tr> </table>						Name (Print/Type)	Greg S. Holtrige	Registration No. (Attorney/Agent)	45,374	Telephone	949-450-1750	Signature			Date	3/28/2005																																																																									
Name (Print/Type)	Greg S. Holtrige	Registration No. (Attorney/Agent)	45,374	Telephone	949-450-1750																																																																																				
Signature			Date	3/28/2005																																																																																					

RECEIVED
CENTRAL FAX CENTERAppl. No. 10/051,952
Reply to Office Action of November 26, 2004

MAR 28 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No.	:	10/051,952	Confirmation No.	2757
Applicant	:	Walker		
Filed	:	January 17, 2002		
Title	:	METHODS OF ADMINISTERING BOTULINUM TOXIN		
TC/A.U.	:	1600/1653		
Examiner	:	Kam, C.M.		
Docket No.	:	D-2933CIP		
Customer No.	:	33197		

CERTIFICATE OF FACSIMILE TRANSMISSION
I hereby certify that this correspondence is being transmitted via facsimile to Mail Stop AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, to fax number 703-872-9306, on the date indicated below.

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

3/28/05

AMENDMENT AND PETITION FOR A ONE-MONTH EXTENSION OF TIME

Sir:

This response is being submitted in reply to the Office Action of November 26, 2004. A response was due February 26, 2005. Applicant hereby petitions for a one-month extension of time. A response with a one-month extension of time was due March 26, 2005. However, since March 26, 2005 was a Saturday, this response is being submitted the next succeeding business day. The Commissioner is hereby authorized to charge the extension of time fee (\$120.00) to Deposit Account No. 01-0885. Accordingly, this response is being timely filed. In response to the Office Action, please amend the above-identified application as follows:

Appl. No. 10/051,952
Reply to Office Action of November 26, 2004

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks/Arguments begin on page 6 of this paper.